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<b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		<b>Complete if Known</b>	
<i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Application Number	10/534,798-Conf. #8677
		Filing Date	October 13, 2005
		First Named Inventor	Tokuo TSUURA
		Examiner Name	D. R. Cordray
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1791
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 940.00)		Attorney Docket No. 0445-0352PUS1	

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: 02-2448		Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
10 - 20 or HP = _____ x _____ = _____					
HP = highest number of total claims paid for, if greater than 20.					
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)					
1 - 3 or HP = _____ x _____ = _____					
HP = highest number of independent claims paid for, if greater than 3.					

**3. APPLICATION SIZE FEE**

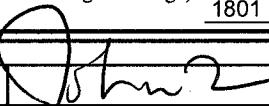
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 = _____	/50 = _____	(round up to a whole number) x _____ = _____		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1464 Petitions to the Director not specifically ... 130.00  
1801 Request for continued examination (RCE) (see 37 ... 810.00)

<b>SUBMITTED BY</b>		Registration No. (Attorney/Agent)	32,881	Telephone	(703) 205-8000
Signature				Date	OCT 17 2008
Name (Print/Type)	John W. Bailey				